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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ	ATION		
i Ornwi i	(See instruction	ons)		Office use only
NAME OF COMMITTEE (in	full) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Abbott Medica	al Optics Inc. Political Action Co	ommittee		
ADDRESS (number and	street) 100 Abbott Park Rd		11111	
(Check if address is changed)	D312 AP6D-2	111111111	1 1 1 1 1 1	1111111
	Abbott Park		L <u>L</u> L	60064 -
		CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e	e-mail address)		
(Check if address is changed)	pacificon@earthlink	k.net		
COMMITTEE'S WED	DACE ADDRESS (UDL)			
	PAGE ADDRESS (URL)			
(Check if address is changed)	,			
2. DATE 0.3				
3. FEC IDENTIFICA	TION NUMBER	C C00379719		
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED (A)		
I certify that I have exami	ined this Statement and to the best of my kn	owledge and belief it is true, correct	and complete	
·	·		·	
Type or Print Name of	Treasurer Edith Bennett			
Signature of Treasurer	Electronically Filed by Edith Ber	nnett	Date 03	['] 24 ['] 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information ma	ay subject the person signing this S	•	es of 2 U.S.C. S437g.
Office		For further informatio		
Use		Federal Election Comm Toll Free 800-424-9530	nission	FEC FORM 1 (Revised 02/2009)